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**FACSIMILE TRANSMISSION COVER SHEET**

Date: July 23, 2010

To: United States Patent and Trademark Office  
Examiner: Nadav, Ori.; Art Unit: 2811

Fax: (571) 273-8300

Re: **Application Serial No.: 10/613,326**  
Filing Date: 7/3/2003; First-Named Inventor: Kinzer  
Attorney Docket No.: 0400204D

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 14

Message:

Enclosed please find the Amendment and Response to Office Action dated April 23, 2010.

Payment for 2<sup>nd</sup> Month Extension Fee in the amount of \$490.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 0400204D

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Kinzer, et al.SERIAL NO.: 10/613,326 FILED: 07/03/2003FOR: Vertical Conduction Flip-Chip Device with Bump Contacts on Single SurfaceHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.  
 The fee has been calculated as shown below:

<input checked="" type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$490.00
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

TOTAL EXTENSION FEE \$ 490.00  
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	18	MINUS **20	* = 0	x 52	x 26	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 220	x 110	\$

First presentation of multiple dependent claim

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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Total fee for Supplemental Information Disclosure Statement \$

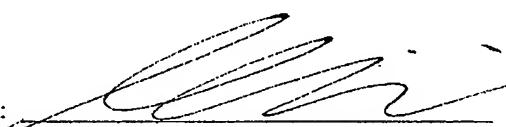
Enclosed is the total fee of \$490.00 (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-0731 in the amount of \$

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 7/23/10

By:

  
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

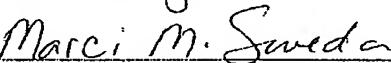
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7/23/10

Date



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Name of Person Performing Facsimile Transmission

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CERTIFICATE OF MAILING

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